

**STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES  
CAMPAIGN SPENDING COMMISSION  
235 SOUTH BERETANIA STREET, ROOM 300  
HONOLULU, HAWAII 96813**

**AUTHORIZATION CERTIFICATE FOR RELEASE OF EMPLOYMENT INFORMATION**

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

I authorize the release of information concerning my employment to the Campaign Spending Commission. I understand that the information will include the period of employment, official title, duties and responsibilities and work history including but not limited to work habits, attitude and reason for termination.

I authorize a copy or facsimile of this form to be as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

Date \_\_\_\_\_